

# THE MEDICAL NEWS AND LIBRARY.

VOL. XXII.

JULY 1864.

No. 259.

## CONTENTS.

<b>CLINICS.</b>	
<b>CLINICAL LECTURE.</b>	
Clinical Lecture on Sciatica . . . . .	57
<b>MEDICAL NEWS.</b>	
Domestic Intelligence.—American Medical Association . . . . .	60
Permanganate of Potash in Spotted Fever . . . . .	61
University of Pennsylvania . . . . .	62
Jefferson Medical College . . . . .	62
Philadelphia College of Pharmacy . . . . .	62
<b>Foreign Intelligence.—New Article of All-</b>	
<b>mentation</b> . . . . .	62
Preservation of Chloroform . . . . .	62
Pregnancy without Emesis-Fetus . . . . .	62
Medical Staff of the British Army . . . . .	63
La Pommerais, a Homœopathic Practitioner of Paris, convicted of Murder . . . . .	63
The Battle for Life between the New and Old Worlds . . . . .	63
Tempting Offer . . . . .	64

SMITH ON CONSUMPTION,

24 PAGES.

## CLINICS. CLINICAL LECTURE.

*Clinical Lecture on Sciatica.*—By HENRY WILLIAM FULLER, M. D., Cantab., Physician to St. George's Hospital. (Continued from p. 53.)

GENTLEMEN: Time will not permit me to do more than allude very cursorily to many instances which have come before you in the hospital in which sciatica has been connected with gout or gonorrhœa. The case of W. H—, aged fifty-nine, who was admitted into the Hope ward on the 8th of February, was an excellent example of the agency of gout in exciting the disease, and that of B. R—, aged twenty-seven, who was admitted into Cambridge ward on the 22d of October, of the influence of gonorrhœa in producing the same result. But I would take the opportunity of urging upon you again, the necessity of endeavouring to discover the exciting cause of the disease before you decide upon a plan of

treatment. If you fail to ascertain the source of the irritation which is causing the sciatic pain, you must necessarily prescribe in the dark; your remedies will not be suited to the exigencies of the case, and you will seldom succeed in relieving your patient. An apt illustration of this fact is afforded by the two cases just referred to. In the former, a history of gout was elicited at my first interview with the patient, and accordingly I prescribed colchicum with antacids and gentle tonics. The remedies were in strict relation to the nature of the disease, and the consequence was that the pain was relieved within a few days, and the patient left the hospital at the expiration of three weeks. In the latter I was at a loss to account for the symptoms, for the patient was young, his aspect was healthy, there was no apparent local mischief, and no history or present evidence of general derangement of the system. Under these circumstances I suspected a venereal taint, and should have treated the case accordingly,

Published monthly by BLANCHARD & LEA, Philad'a. for One Dollar a year; also, furnished GRATUITOUSLY to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage.

In no case is this periodical sent unless the subscription is paid in advance.

VOL. XXII.—7

but that the man firmly denied having ever suffered either from syphilis or gonorrhœa. I was, therefore, induced to try the effect of active purgatives, and afterwards of opiates in full doses. But the remedies were not suited to the case, and therefore were given in vain. After more than a fortnight's treatment the sciatica remained unrelieved. Shortly, however, he began to complain of the occurrence of pain and tenderness on his shin-bones. My suspicions as to the venereal origin of his attack were thus confirmed, and I at once prescribed ten grains of iodide of potassium, with fifteen grains of acetate of potash, and an ounce and a half of the cinchona draught, to be taken three times a day. The result was a speedy cessation of the symptoms. Within a week the severity of the pain had greatly diminished, and at the expiration of a fortnight the patient left the hospital quite free from sciatica.

In another class of cases sciatica is connected with sympathetic irritation, excited by long continued loading of the bowels, or by the presence of crude irritating secretions in the primæ viæ. In many of these instances the patients have never suffered from gout or rheumatism, and there is an absence of symptoms indicative of hip disease, of renal irritation, or of general nervous irritation, as in the cases last mentioned. The skin is cool, the complexion is seldom pallid as in cases of rheumatism, the urine is usually clear and often pale, there is no pain in, or retraction of the testicle, and no pain in the course of the ureter. Further, the pain is usually felt down the course of both sciatic nerves, instead of being confined to one side, the tongue is furred, and the bowels are costive. In this class of cases the indications for treatment are obvious enough. It behooves us to act fully on the bowels, so as to rid them of all irritating secretions, and of the hardened feces which are often impacted in them. But ordinary purgatives are of little avail for this purpose. Experience proves that colocynth pills and senna draughts and saline aperients will induce free watery evacuations from the primæ viæ, but will fail in removing old accumulations in the bowels, and in relieving the patient's suffering. The means by which this end must be attained are enemata of a stimulating character, opium followed by full doses of castor oil or croton oil, and

the continued use of guaiacum. No purgative is more certain in its operation than guaiacum, and none can be more thoroughly relied upon for affording relief. Combined with sulphur in equal proportions, in the form of powder, it proves a never-failing aperient if given in half drachm doses twice or three times daily; and if administered only in appropriate cases, it proves one of our most trustworthy allies. You have seen me employ it so often in this hospital that it is scarcely necessary to direct your attention to it more particularly, but I will even detain you a few minutes whilst I recall the symptoms of J. S—, aged fifty, who was admitted into the Fuller ward on the 5th of May. This man was attacked with sciatica of both sides six months before admission, and although the pain had varied in intensity from time to time, it had never ceased since the commencement of the attack. He described the pain as of a dull aching or gnawing character, slightly aggravated by motion. It did not increase in severity at night, and it had not been accompanied by pain in any other part of the body. He had never suffered from gout or rheumatism, and his general health was good; his aspect was healthy; tongue coated; bowels reported open, though usually costive; urine clear and acid; pulse 76, soft. Here, then, was a case in which all the causes of sciatic pain which we have hitherto considered appeared to be absent. There were no symptoms of local mischief in the spinal cord, or in the sciatic nerves, or of hip disease, or of renal irritation; no evidence of the existence of gout or rheumatism, or venereal taint; no mark of general nervous irritability, requiring sedatives for its subjugation. The patient was not a weakly or a nervous man, and his pulse was steady and quiet. To what, then, was the pain attributable? What indications were there for treatment? One, and one only, could be discovered. His tongue was coated, and his bowels were usually costive. True, they had acted on the morning of his admission, but when acrid or hardened feces accumulate in the lower bowels, they do not necessarily obstruct the passage so far as to prevent even a daily action of the bowels. Nay, rather they are apt to excite local irritation, and a frequent desire to go to stool, which often leads the patient to imagine that he is suf-

dering from diarrhoea. You have often noted cases in the wards of this hospital in which a spurious diarrhoea, excited and kept up by the cause under discussion, has resisted chalk mixture and various astringents, and has yielded immediately to a dose of castor oil, which has brought away a quantity of hardened feces, or acrid unhealthy secretions. Therefore it was that in the case of J. S.—, I did not allow the alleged action of the bowels to deter me from following out the plan of treatment I had resolved upon after a careful consideration of the symptoms of the case. If the pain were not excited sympathetically with the presence of acrid irritating matter in the intestines, to what could it be attributable? The closest inquiry had failed to elicit the slightest evidence of the existence of the other causes of sciatica, and if the cause under discussion had not excited the pain there was no indication for treatment. Accordingly I determined to make trial of remedies which will usually get rid of fecal accumulations, and thus effect the object I had in view. Whilst allowing the patient a full and generous diet, with a pint of porter daily, I prescribed a powder, to be taken three times a day, consisting of two scruples of guaiacum and two of sulphur. This treatment was commenced on the 5th of May, and was continued until the 11th. At that date the pain was greatly relieved, and the bowels were acting so freely that the powder was repeated only night and morning. From this he took it usually twice, but sometimes once a day, according to the action of the bowels, until the 19th, when, as he no longer suffered from pain, he left the hospital, and returned to work.

The instances I have hitherto brought before you have been examples of sciatica in which, the cause of the disease having been correctly diagnosed, the treatment was adapted to the exigencies of the case, and relief was speedily obtained. But although I have wished to bring prominently before you the possibility—nay, the probability—of affording speedy relief, if an appropriate method of treatment is employed, and the equal probability that failure will attend your efforts if you do not correctly ascertain the cause of the sciatic pain, and, therefore, cannot determine the class of remedies which are needed, I would caution you against putting a too

favourable interpretation on my remarks, and imagining that sciatica ought in all cases to be got rid of within a few days of the commencement of treatment. Some cases there are, as you have already seen, which admit of relief in a very short time, but there are others, and unfortunately a large proportion, in which the patient's health is undermined, and cannot be so speedily restored, even though the nature of the derangement be correctly diagnosed; and others again, in which it is almost impossible at the outset of the attack to arrive at a correct conclusion respecting the causation of the pain, and in which even if a correct judgment was formed on this point, it would still be impossible to afford speedy relief. Let me instance the case of P. D.—, aged forty-eight, who was admitted into the Hope ward on the 11th of December. This man, a "commissionaire" by occupation, had suffered nine months from pain down the course of the right sciatic nerve. It came on gradually, and he attributed it to the effect of exposure to wet and cold. The pain was constant, but was worse at night, and prevented his obtaining quiet rest. A variety of external applications had been made use of prior to his admission to the hospital, but the pain had steadily increased in severity. On admission his aspect was healthy; his skin natural; pulse 84, of fair strength; tongue rather coated; bowels reported regular; urine scanty, high-coloured, and turbid; appetite good. He had never suffered from gout or rheumatism, or renal irritation, but he was extremely nervous. Judging from his history, and from the condition of his tongue and urine, I was led to regard his symptoms as attributable to rheumatic irritation of the nerve, aggravated by his nervous temperament. Acting upon this view, I prescribed a subcutaneous injection of half a grain of morphia at night, and a powder, three times a day, containing guaiacum, sulphur, and carbonate of soda, a scruple of each. This treatment was pursued until the 17th, when as no relief had been obtained, he was ordered five grains of iodide of potassium, half a drachm of bicarbonate of potash, and an ounce and a half of nitre draught, every six hours. On the 21st his pain remained undiminished, and he complained of feeling weaker; and, as his tongue had cleaned, and his urine had become clear, a drachm of the sesquioxide of iron was administered

three times daily, and the biniodide of mercury ointment was ordered to be rubbed in along the course of the nerve. So he went on until the 2d of January, when he complained of so much pain in the hip that I was again induced to make a careful examination of the joint. I then discovered considerable tumidity and general enlargement over the joint, which was painful on pressure, and evidently much distended with fluid. He could move his leg carefully without pain, but could not bear the head of the femur to be pressed upwards against its socket. Under these circumstances I applied a blister to the hip, and had the blistered surface dressed with mercurial ointment; at the same time I gave him a morphia draught at night, and ordered him to take three times a day, a nitre draught, containing six grains of iodide of potassium, and two drachms of the solution of bichloride of mercury, forming a soluble biniodide of mercury. Notwithstanding this treatment the pain became more constant and severe, and on the 15th, as the mischief appeared to be purely local, and the occurrence of ulceration of the cartilages more than probable, he was transferred to the care of the surgeons.

Now I would have you remark in reference to this case—1st, that the nature of the disease was overlooked, not only by those who had charge of the man prior to his admission to the hospital, but also by myself on his admission into the hospital, and that it was not until after the lapse of three weeks when the enlargement of the hip attracted my notice that I became aware of the serious mischief I had to combat. The result—the inevitable result of this non-appreciation of the nature and extent of the mischief—was want of success in affording relief, and a steady progression of the disease. Probably the man was correct in his assertion that the malady was originally of rheumatic origin, for he was healthy in appearance, and had not experienced any local injury of a nature to set up disease in the hip-joint. It is quite conceivable, therefore, that if, when he was first attacked by the pain, its rheumatic nature had been recognized, and he had been subjected to treatment calculated to get rid of the rheumatic tendency, instead of being merely treated by embrocations, lotions, and other local applications, which could have no influence on the cause of the

disease, and little effect in subduing its local consequences, he might have escaped the injury to the joint, which, doubtless, was commencing at the time of his admission into the hospital. In like manner, if the true extent and character of the local mischief had been discovered when he first presented himself to my notice, and those measures had been at that time adopted, to which I was ultimately obliged to have recourse, he might even then have been saved much unnecessary suffering. Rely upon it, gentlemen, the success of treatment depends upon its adaptation to the requirements of the case, and that in sciatica the non-success of any particular plan which may be adopted is in itself conclusive evidence that the remedies are not in keeping with the nature of the case. If the pain is referable to any removable cause, and the remedies are calculated to subdue or get rid of it, relief will be experienced in the course of a few days, and the patient will thenceforward proceed steadily to recovery; and if you fail in any instance to afford relief in ten days or a fortnight, you will always do well to mistrust your diagnosis, and make a fresh examination of your patient. In the case of P. D—, I deferred doing so until after the lapse of three weeks, under the belief that my diagnosis was correct, and that a change of remedies might prove beneficial. The result shows how wrong I was in transgressing the rule which I have laid down for your guidance; and if you require any further incentive to induce you to follow my precept, rather than the example which I set you in this case, I may assure you that I have scarcely ever been called to see a case in which this rule had been departed from without feeling how much better the patient would have fared had his medical attendant been less confident in his diagnosis, and more disposed to pay heed to the teaching of nature as evidenced by the result of treatment.—*Lancet*, April 23, 1864.

## MEDICAL NEWS.

### DOMESTIC INTELLIGENCE.

*American Medical Association.*—The Fifteenth Annual meeting of the Association was held in the city of New York on the 7th, 8th, and 9th of June.

The high and substantial claims of Dr.

Mott for recognition to the highest office of the Association were, we regret to find, again ignored.

With such names as Mott, Delafield, A. H. Stephens, J. M. Smith, W. Parker, J. C. Dalton, A. Clark, G. Buck, Flint, and many others, it will strike the profession elsewhere as strange, that a president should not have been selected from New York, and it can only be accounted for by the want of harmony among the delegations from that city preventing their uniting on one of their townsmen.

The meeting is claimed to have been successful, but with important admissions which largely qualify this claim. The editor of the *American Medical Times* (No. for June 18th, 1864) says: "We have stated that the late meeting was a decided success, and such we must regard it when considered as a pleasant national reunion of the profession. But when viewed from a higher stand-point, and with a more critical regard to those elements which are to render this body the controlling power in the profession, elevating its moral, social, and educational status, the Association failed to answer the just expectations of its friends. The precious hours of its general sessions were too much occupied with loose discussions or unimportant subjects; while windy, pretentious orators, who always float to the surface on such occasions, interrupted the progress of business by points of order, motions, and trivial questions. The sections failed of that degree of interest which they should elicit, owing to the absence of well prepared papers, and searching discussions by members eminent in the department of practice to which such papers belong."

Dr. S. FLEET SPEER was awarded a prize for his Essay on the Pathology of Jaundice.

The following papers, we understand, were presented:—

A Case of Plastic Operation, by Dr. Gordon Buck.

Treatment of Congenital Fissure of Palate by Mechanical Means, by Dr. N. W. Kingsley.

On the Physiological and Dietetic Relations of Phosphorus, by Dr. J. H. Griscom.

On a Modified Ring Pessary, and on Death from the entrance of Air into the Circulation through the Uterine Sinuses, by Dr. H. O. Hitchcock.

On Spotted Fever in Washington, D. C., by Dr. Duhamel.

On Pessaries, by Dr. A. K. Gardner.

On Typhus and its Treatment, by Dr. L. Weber.

On Spotted Fever, by Dr. Levick.

On Medicine and Surgery among the Onondago Indians, by Dr. J. Kneeland.

On the Relation of Female Patients to Hospitals for the Insane, and the necessity on their account of a Board of Consulting Physicians to every Hospital, by Dr. Storer.

Reports were made by Dr. Squibb on the Practical Working of the United States Law relative to the Inspection of Drugs; by Dr. Andrews, on Military Hygiene; by Dr. Thompson, on Milk Sickness; by Dr. C. W. Parsons on Medical Topography and Epidemics of Rhode Island; by Dr. Hubbard, on Compulsory Vaccination; and by Dr. Butler on Medical Topography and Epidemics.

An alteration was made in the Constitution by which the office of a permanent secretary was created.

The following were elected officers for the ensuing year:—

President, Dr. N. S. Davis, of Illinois.

Vice Presidents, W. S. Mussey, of Ohio;

Worthington W. Hooker, Conn.; Wm.

Wheelin, Ind.; F. E. B. Heintze, Md.

Permanent Sec., W. B. Atkinson, Penn.

Assistant Secretary, H. R. Storer, Mass.

Treasurer, Caspar Wistar, Penn.

Various subjects were introduced which gave rise to considerable discussion. Some of them seem to have been brought forward rather with the object of promoting the private views of individuals than to advance the general good of the profession.

A number of committees were, as usual, appointed to report on special subjects, who will, it is to be hoped, report at the next meeting.

The Association adjourned to meet in Boston on the first Tuesday in June, 1865.

*Potassium Permanganate in Spotted Fever.*

—Dr. DUNLAP, of Springfield, Ohio, states that nearly every case of spotted fever which first appeared in Springfield proved fatal. Blisters, counter-irritants, belladonna and lime on the plan of Prof. Davis, and various treatment gave the same fatal result. In this desperate state of things, Dr. Dunlap arrived at the following views:—

The epidemic is *not* a disease of inflam-



mation, it is a blood disease, just as malignant scarlatina is, belongs to the same class of diseases; the brain and nervous system becomes involved by virtue of a vicious supply of blood. *Ozone* is the ready antidote to this state of the system; and that plan of treatment which affords ozone most readily will prove the most successful. In support of these views in part, he refers to the views presented by Dr. Jackson in an article in the *American Journal of Medical Sciences* for January last. Dr. Dunlap selected the permanganate of potash as his remedy, and gives it in doses of  $\frac{1}{4}$ — $\frac{1}{2}$  grain, frequently repeated; it is administered in solution. After adopting this simple plan of treatment he had a favourable result in nearly every case. He thinks quinine and iron comes in as proper remedies in the latter stages of the disease if the recovery becomes protracted. Dr. Dunlap makes a wide application of these views and this remedy, believing that the same principles and treatment are applicable in erysipelas, hospital gangrene, typhus, etc.—*Cincinnati Lancet and Observer*, June, 1864.

*University of Pennsylvania.*—Dr. ALFRED STILLÉ has been elected Professor of the Practice of Medicine in this institution, to fill the chair recently become vacant by the resignation of Dr. William Pepper. Dr. Stillé is a highly educated and accomplished physician, an erudite scholar, and an elegant writer, and he will, we feel confident, perform the duties of his position with eminent ability.

*Jefferson Medical College.*—Dr. B. HOWARD RAND has been elected to the Chair of Chemistry in this school, rendered vacant by the death of Dr. Franklin Bache. Dr. Rand is an excellent chemist as well as an experienced lecturer, and will fill the position with advantage to the school.

*Philadelphia College of Pharmacy.*—Mr. EDWARD PARRISH has been elected Professor of Materia Medica in this school in place of the late Dr. Thomas. Mr. Parrish is an experienced and well educated pharmacist.

## FOREIGN INTELLIGENCE.

*New Article of Alimentation.*—M. PREVET has recently made some communica-

tions to the French Academy in reference to his attempts at introducing *karouba* as an important article of alimentation. A leguminous plant, which especially thrives on the shores of the Mediterranean, the *ceratonia siliqua*, produces a pod, the beans (*karouba*) of which form a common article of nutriment in Algeria, Italy, Spain, and Egypt, but which are unknown in France, except to botanists and chemists. Individuals and animals fed upon it in these countries exhibit all the signs of good health, in place of those indications of defective nourishment so often met with among the poorer classes of large cities. M. Prevot, as the result of numerous experiments, has succeeded completely in the torrefaction of the bean, and has produced a substance of most agreeable odour and taste, infinitely superior to the chicory so much used by the lower classes in France, and, in some respects, to be preferred to coffee itself. It does not stimulate like this latter substance, and is thus better fitted as an article of diet for women and children; while, as its nutritive properties are very considerable, it is well suited where reparative tonics are indicated. It can be sold at a very low price.—*Med. Times and Gaz.*, May 14, 1864.

*Preservation of Chloroform.*—It requires but a short time for chloroform which is exposed to the sun's rays to undergo decomposition, hydrochloric acid being developed, and a strong odour of chlorine being present. This is prevented if the chloroform is kept in the dark; and when it has undergone decomposition by exposure, M. Boettger finds that it may be easily purified by shaking it up with a few fragments of caustic soda. As long, indeed, as it is in contact with the caustic soda it may be preserved for an indefinite period in diffused light.—*Med. Times and Gaz.*, May 28, 1864, from *Bull. de Thérap.*, May 15.

*Pregnancy without Emissio-Penis.*—Prof. SCANZONI relates the case of a woman, aged 29, in whom he detected a four months' pregnancy, although the orifice of the vagina was closed by a firm and tense membrane, in which an aperture big enough to admit a probe was discovered with much difficulty. In his long experience he had never met with a similar instance, although he has seen cases in which remains of the hymen

existed, and one in which this membrane continued quite uninjured. The membrane only yielded slightly upwards, so that emissio-penis was completely impossible, and the question is, how did the semen reach the uterine orifice. four inches distant? After the seventh month the opening gradually widened a little, so that a quill could be easily introduced; and by the time labour set in the finger could be passed in. As the labour advanced, there was found to be also a thin circular membrane attached to the walls of the vagina at the junction of its upper and middle third; but a large opening existed in this, so that it caused no obstruction to delivery. As, however, the thickened hymen formed a dense ring, which prevented the passage of the head, a small crucial incision was performed, and the delivery easily terminated.—*Allg. Wien Med. Zeit.*, No. 4. [Dr. Mattei, in *Union Médicale* No. 36, relates a similar case of a woman who became pregnant after having been married 11 years. The husband was aware that she was malformed, but had contented himself with incomplete connection. On examination, a cul-de-sac was found, which, probably formed through the attempts at copulation, only admitted the finger to the extent of  $1\frac{1}{2}$  centimetre. The most careful examination by means of the speculum could not detect the aperture by which the semen must have entered. After severe labour for three days, the tissues in front of the head gave way and admitted the finger. Delivery was completed by the forceps].—*Med Times and Gaz.*, May 28, 1864.

*Medical Staff of the British Army.*—The condition of the army medical staff has become a matter of grave national importance. At present 200 vacancies exist. The candidates presenting themselves, while few in number, have ceased to represent the intelligence or respectability of the medical schools. As a consequence, the Director-General is seriously embarrassed, and the authorities are driven to expedients which, though relieving present pressure, are well calculated to perpetuate, if not materially increase, the existing unsatisfactory state of affairs. We have so frequently remonstrated on the behalf of our brethren with the military authorities, and directed attention to the grievances of the army medical department, that the causes of dis-

satisfaction of which complaint is made need no repetition. That they are known and appreciated by the general body of the profession is best illustrated by the indifference, if not indisposition, on the part of its junior members to seek for appointments which ought to offer to young men many attractions. The plan that has hitherto been pursued is that of promising much and performing little. The concessions of to-day are followed by the restrictions of to-morrow. The consequences of this system now stands proclaimed in a deficiency of medical officers so entirely unprecedented that the government are at their wit's end to know what means to adopt for its remedy.—*Lancet*, May 14, 1864.

*La Pommerais, a Homœopathic Practitioner of Paris, convicted of Murder.*—A homœopathic practitioner of Paris, named LaPommerais, has lately been tried for two murders—that of his mother-in-law, Madame Dubizy, of which he was acquitted, and that of his mistress, Madame de Pauw, of which he was convicted.

It appears the prisoner had induced his victim to insure her life for 550,000 francs (one hundred and ten thousand dollars) in eight different insurance offices; that he had also persuaded her to assign the insurances to himself. A short time before her death, she had, by his advice, feigned illness in order to deceive the insurance offices, and obtain from them a life annuity in place of an insurance. Although a homœopathic practitioner, La Pommerais was found to be possessed of a large quantity of the most potent poisons. In the month of June last, he had purchased three grammes of digitaline, of which only fifteen centigrammes remained in his possession. At eight o'clock in the evening before the death of Madame de Pauw, La Pommerais visited her. Directly after he left, she was taken ill, vomited violently through the night, and died at five o'clock in the afternoon of the next day.

*The Battle for Life between the New and Old Worlds.*—The first number of a new journal, called the *Scientific Record*, contains some curious facts as to the naturalization of European plants and animals in the New World. It would appear that, as in the case of the human inhabitants, there is

a law that the new comers should eventually take the place of the native denizens of the soil. "W. T. Locke Travers, Esq., F.L.S., an active New Zealand botanist, thus writes from Canterbury: 'You would be surprised at the rapid spread of European and other foreign plants in this country. All along the sides of the main line of road through the plains a *Polygonum aviculare* called "Cow Grass," grows most luxuriantly, the roots sometimes two feet in depth, and the plants sometimes spreading over an area from four to five feet in diameter. The dock *Rumex obtusifolius*, or *R. crispus*, is to be found in every river bed extending into the valleys of the mountain rivers, until these become mere torrents. The water-cress increases in our rivers to such an extent as to threaten to choke them altogether. In some of the mountain districts, where the soil is loose, the white clover, *Trifolium repens*, is completely displacing the native grasses, forming a close sward. In fact the young vegetation appears to shrink from competition with these more vigorous intruders.' Dr. Hooker says that he has in vain urged on his colonial correspondents the importance of systematically recording and collecting facts on this important subject. Every problem of the geographical diffusion of plants is directly interfered with by these intruders. Mr. Darwin is the only author who has had the boldness to approach the subject. 'This great naturalist,' says Dr. H., 'believes that the facts hitherto observed favour the supposition that, in the struggle for life between the denizens of the Old continents and the New, the former ones are prepotent; and he attributes this to the longer period during which they have been engaged in strife and the consequent vigour acquired. European weeds have established themselves abundantly in N. America, Australia, and New Zealand, but comparatively few plants of these countries have become naturalized, and ultimately complete weeds in England. We may hence infer why it is that the indigenous plants of St. Helena and Madeira show no tendency to increase, whilst European and African trees, shrubs, and herbs are rapidly covering those islands.' The rapid propagation of European animals is no less remarkable than that of plants. J. Haart, Esq., Government geologist, Canterbury, writes as follows to Mr. Darwin: 'The native

(Maori) saying is, "as the white man's rat has driven away the native rat, so the European fly drives away our own; and as the clover kills our fern, so will the Maories disappear before the white man himself." It is wonderful to observe the botanical and zoological changes which have taken place since Captain Cook first set foot in New Zealand. Some pigs which he and other navigators left with the natives, have increased and run wild in such a way that it is impossible to destroy them. There are large tracts of country where they reign supreme. The soil looks as if ploughed by their burrowing. Some station holders of 100,000 acres have had to make contracts for killing them at 6d. per tail, and as many as 22,000 on a single ran have been killed by adventurous parties without any diminution in their number being discernible. Not only are they obnoxious by occupying the ground which the sheep farmer needs for his flock, but they assiduously follow the ewes when lambing, and devour the poor lambs as soon as they make their appearance. Another interesting fact is the appearance of the Norwegian rat. It has thoroughly extirpated the native rat, and is to be found everywhere growing to a very large size. The European mouse follows closely, and what is more surprising, where it makes its appearance, it drives to a great degree, the Norwegian rat away. Amongst other quadrupeds, cattle, dogs, and cats are found in a wild state, but not abundantly. The European house-fly is another importation. When it arrives it repels the blue-bottle of New Zealand, which seems to shun its company. But the spread of the European insect goes on slowly, so that settlers, knowing its utility, have carried it in boxes and bottles to their new inland stations.' 'It must be long,' says Dr. Hooker, 'before facts enough to theorize upon can be collected. Meanwhile, the inquiry appears to be, perhaps, the most interesting and important in all biology, and as such, it is most earnestly desired that all who are favourably circumstanced to pursue it, will do so both systematically and carefully.'"—*Med. Times & Gaz.*, April 23, 1864.

**Tempting Offer.**—A man advertises for a competent person to undertake the sale of a new medicine, and adds that it will be profitable to the "Undertaker."